Qualified Scientist Form (2B)

This form is required for projects requiring a Qualified Scientist or Direct Supervisor.
This form must be completed by the Qualified Scientist BEFORE experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the Qualified Scientist:

Scientist Name: _____

Educational Background: _____ Degree(s): _____

Experience/Training as relates to the student's area of research:

_____ _____
Position/Institution: Email/Phone:

1. Please indicate what the student project will involve:
   a. Human participants ☐ Yes ☐ No
   b. Animals ☐ Yes ☐ No
   c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) ☐ Yes ☐ No
   d. Hazardous substances and devices ☐ Yes ☐ No
3. Will this study be a sub-set of a larger study? ☐ Yes ☐ No
4. Will you directly supervise the student? ☐ Yes ☐ No
5. Please describe your anticipated role in this project and the duration of your support.

6. Will you provide any data; if yes, please provide source or describe ☐ Yes ☐ No

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Addendum prior to the start of the experimentation. If the student or Direct Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Addendum.

_____
Qualified Scientist's Printed Name

_____ _____
Signature Date of Approval (mm/dd/yy)

To be completed by the Direct Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Addendum and have been trained in the techniques to be used by this student, and I will provide direct supervision.

_____
Direct Supervisor's Printed Name

_____
Experience/Training of Direct Supervisor

_____ _____
Signature Date of Approval (mm/dd/yy)

_____ _____
Phone email